

Appendix A

	DIVERSITY PRACTICES QUESTIONNAIRE				
	, as, reafter referred to as the compa vers submitted to the following edge:				
<u>-</u>	r company have a Chief Diversinsity initiatives? Yes or No	cy Officer or othe	r individual who is	tasked with	
	le the name, title, description of Il or individuals.	duties, and evide	ence of initiatives pe	erformed by	
to New You subcontracto	centage of your company's gros rk State certified minority an ers, suppliers, joint-venturers, p goods or services to your compar	nd/or women-ow partners or other	ned business ent similar arrangem	erprises as	
related to the contract-rela	centage of your company's overle provision of goods or services ted expenses (from your prior followed business enterp	to your company' iscal year) was pa	's clients or custom aid to New York Sta	ers) or non-	
¹ Do not incl	ude onsite project overhead.				

Page 1

4. Does your company provide technical training² to minority- and women-owned business enterprises? Yes or No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program?

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? Yes or No

² Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.



If Yes, provide a description of such non-government procurements (including time period, goal, scope and dollar amount) and indicate the percentage of the goals that were attained.
7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No
If Yes, provide documentation of program activities and a copy of policy or program materials.
8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? Yes or No
If Yes, complete the attached Utilization Plan



All information provided in connection with the questionnaire is subject to audit and any fraudulent statements are subject to criminal prosecution and debarment.						
Signature of Owner/Official						
Printed Name of Signatory	,					
Title						
Name of Business	_					
Address						
City, State, Zip						



Developin	
STATE OF	
COUNTY OF) ss:	
On the day of	, 202_, before me, the undersigned, a Notary Public in and for the State
of, personally appeared	d, personally known to me or proved to me on
the basis of satisfactory evidence	e to be the individual whose name is subscribed to this certification and
said person executed this instru	ment.
	Notary Public